

POST ACADEMY – Hearing Requirements Waiver

This is a three page form

Applicant Name (Last, First, Middle Initial): _____

Date of Birth (mm/dd/yyyy): _____

SSN: _____

To the Applicant: This exam must be performed by an audiologist or an Ear, Nose and Throat Specialist with the necessary equipment to conduct the “Pure Tone Threshold Test” using the minimums listed below.

Dear Audiologist or ENT Physician:

_____ (Chief or Sheriff) of the _____
(Agency) is requesting a hearing waiver for _____ (Officer / Deputy) from the
POST Academy’s minimum hearing requirements.

The requirements for **Auditory Acuity** are set by the POST Council and are based upon the Idaho Law Enforcement Job Task Analysis Study.

The Idaho Law Enforcement Officer Job Task Analysis study describes the need for **Auditory Acuity** as follows.

It has been clearly proven that normal hearing is needed to adequately perform the job functions on an Idaho Law Enforcement Officer. At least the ability to hear normal speech is needed to perform central job functions including:

- Responding to crimes in progress
- Interviewing subjects
- Using observation skills
- Hearing / Operating patrol radio
- Assessing hazards
- Conducting patrol tactics
- Engaging in high risk tactics
- Determining if people are in imminent danger

Binaural (two-eared) hearing allows officers to detect sound sources and direction essential to law enforcement officer’s work.

Waiver to the below may be considered by the Council if accompanied by an Audiologist’s or Ear, Nose and Throat Physician’s certification that the applicant’s condition would not jeopardize or impair the applicant’s ability to perform the duties of a peace or detention officer.

To the examining Physician/Audiologist: The above named applicant has chosen a career as an Idaho Law Enforcement Officer. A “Pure Tone Threshold Test” is required prior to acceptance into the Idaho Peace Officer Standards and Training Academy.

Based upon the Idaho Law Enforcement Officer Job Task Analysis Study an officer must meet the following minimum requirements:

Initial appropriate box:

Hearing Requirement	Meets Minimum	Does Not Meet Minimum
Ability to hear normal speech.	<input type="checkbox"/>	<input type="checkbox"/>
Binaural hearing.	<input type="checkbox"/>	<input type="checkbox"/>
Capable of hearing sound sources, direction, localization, and distance.	<input type="checkbox"/>	<input type="checkbox"/>
Ability to hear whispering.	<input type="checkbox"/>	<input type="checkbox"/>

HEARING STANDARDS FOR LAW ENFORCEMENT OFFICERS

Applicant must have unaided or aided hearing between zero (0) and twenty-five (25) decibels for each ear at the frequencies of 500 Hz, 1000 Hz, 2000 Hz, and 3000 Hz.

Frequency:	500Hz	1,000Hz	2,000Hz	3,000Hz	HEARING AID USED? <input type="checkbox"/> NO <input type="checkbox"/> YES
Right Ear	_____ db	_____ db	_____ db	_____ db	
Left Ear	_____ db	_____ db	_____ db	_____ db	

NOTE ANY ABNORMALITY:

PLEASE COMPLETE ALL ITEMS – INCOMPLETE FORMS WILL NOT BE ACCEPTED.

PHYSICIAN/AUDIOLOGIST STATEMENT AFTER EXAMINATION

Please initial the appropriate area.

_____ I have examined the above applicant and it is my opinion that the applicant **MEETS** the minimum hearing standards to perform the full duties required of an officer, in training or in the field, as outlined above.

_____ I have examined the above applicant and it is my opinion that the applicant **DOES NOT MEET** the minimum hearing standards for the following reasons:

In order for POST to issue a waiver to these requirements, in the case of an applicant that does not meet minimum standards; we need a letter written from the examiner recommending that a waiver be issued. You must state in your letter that it is your medical opinion that the officer's hearing disability and inability to meet minimum POST hearing standards will not affect his / her ability to fully perform the job tasks of a Peace Officer in the State of Idaho.

Signature below must be an original signature. No stamped signatures will be accepted. The person completing this examination for a hearing waiver must be an audiologist or Ear, Nose and Throat Specialist.

Signature of Examiner _____ Date of Exam _____

Printed name _____

IMPORTANT! Type or stamp Physician / Audiologist name, address, and phone number below.